



# Catawba County Environmental Health Plan Review Application

100A Southwest Boulevard, Newton, NC 28658  
(828) 465-8270 phone (828) 465-8276 fax

**FLI Case #** \_\_\_\_\_

## Property Location

Property ID# \* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \* \_\_\_\_\_  
City \* \_\_\_\_\_  
Zip \* \_\_\_\_\_

## Business / Owner

**Business Name:** \* \_\_\_\_\_  
Mailing Address \* \_\_\_\_\_  
Address 2 \* \_\_\_\_\_  
City \* \_\_\_\_\_  
Zip \* \_\_\_\_\_  
Phone \* \_\_\_\_\_

## Owner Name

Owner Mailing Address \_\_\_\_\_  
Address2 \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_

## Architect / Contractor

**Architect** \_\_\_\_\_  
Contact Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_

## Contractor

Contact Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_

CCEHCPan Review Application and \$200 fee required to begin plan review process  
Complete and return NC DENR Food Establishment Application

\* Required field

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_